

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09/1751 432

FILING DATE  
12-29-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	3		2		1	
TOTAL DEP.	23		20		18	
TOTAL CLAIMS	26		24		20	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.	3		2		1			
TOTAL DEP.	23		20		18			
TOTAL CLAIMS	26		24		20			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS